STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G067	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COVE GROUP HOME	28 HILLPARK DRIVE HENDERSONVILLE, NC 28739

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, review of records and interview, the team failed to ensure the person centered plan (PCP) for 2 of 4 sampled clients (#1 and #2) included guidelines to address needs relative to behavior management and eating. The finding is: A. The PCP failed to include guidelines relative to grabbing others for client #1. For example: Observation in the group home during the 10/27/20 and 10/28/20 survey revealed at various times for client #1 to grab this surveyors arm and pull the surveyor to various areas of the group home. Observation of staff when client #1 would pull on this surveyor revealed no re-direction or prompts. Subsequent observation revealed on 10/28/20 for staff A to inform this surveyor, "Watch out, client #1 will grab you". Review of records for client #1 on 10/28/20 revealed a PCP dated 3/13/20. Review of the PCP revealed a behavior support plan (BSP) dated 3/1/20 with target behaviors of uncooperation, self stimulation behavior, self injurious behavior, unsafe travel behavior, PICA and disrupted sleep. Further review of the BSP revealed client #1 can sometimes get overly excited, become out of control and grab at others.	W 227		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G067	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COVE GROUP HOME	28 HILLPARK DRIVE HENDERSONVILLE, NC 28739

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 227	Continued From page 1	W 227		

Further review of client #1's BSP revealed no intervention strategies to address grabbing at others.

Interview with the qualified intellectual disabilities professional (QIDP) verified client #1's BSP was current and client #1 has a history of grabbing at others. Continued interview with the QIDP verified client #1 did not have guidelines to address grabbing at others.

B. The PCP failed to include guidelines relative to eating for client #2. For example:

Observation in the group home on 10/27/20 at 5:00 PM revealed client #2 to participate in the dinner meal. Continued observation of client #2's meal revealed adaptive equipment to include a shirt protector and high sided divided dish. Further observation revealed staff to sit beside client #2 during the meal and to feed the client. Client #2's diet consistency was observed to be pureed with thickener added to beverages.

Observation in the group home on 10/28/20 at 8:20 AM revealed client #2 to participate in the breakfast meal. Continued observation of client #2's meal revealed adaptive equipment to include a high sided divided dish. Further observation revealed staff to sit beside client #2 during the meal and to feed the client. Client #2's diet consistency was observed to be pureed with thickener added to beverages.

Review of records for client #2 on 10/28/20 revealed a PCP dated 8/4/20. Review of client #2's PCP revealed training objectives relative to oral hygiene, hand washing, reach for preferred

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G067	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COVE GROUP HOME	28 HILLPARK DRIVE HENDERSONVILLE, NC 28739

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 227	Continued From page 2 snack, remove shirt protector after meals and toileting. Continued record review revealed an adaptive behavior inventory (ABI) for client #2 dated 10/5/20. Review of client #2's ABI revealed the client is partially independent with the ability to eat with a spoon with minimal spillage and guides cup to mouth with total independence. Interview with the QIDP verified client #2 can eat with a spoon with partial independence although she sometimes refuses. Continued interview with the QIDP revealed staff should encourage client #2 to eat as independently as possible and if the client refuses to feed herself staff should assist the client to eat. Subsequent interview with the QIDP verified client #2 did not have meal guidelines to support the client with ensuring independence at meals.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 2 of 4 sampled clients (#1 and #4) received a continuous active treatment program consisting of needed interventions as identified in their	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G067	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COVE GROUP HOME	28 HILLPARK DRIVE HENDERSONVILLE, NC 28739

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 3	W 249		

person centered plans (PCPs) regarding program and guideline implementation. The findings are:

A. The team failed to ensure a program objective relative to communication was implemented in sufficient frequency to support the need of client #1. The finding is:

Observation in the group home on 10/27/20 at 5:28 PM revealed staff B to verbally prompt client #1 to take out the trash. Continued observation revealed client #1 to stand in the kitchen and stare at staff B. Further observation revealed staff B to access a collection of visual aid cards and to look through the cards and state "There is no card for trash and he needs one".

Review of records for client #1 on 10/28/20 revealed a PCP dated 3/13/20. Review of training objectives included in the 10/2020 PCP revealed objectives relative to attend to task, dispose of trash bag, get dressed, laundry and exercise. Review of the training objective to dispose of trash bag revealed an implementation date of 8/1/19.

Continued review of records for client #1 on 10/28/20 revealed a speech language assessment dated 8/19/20. Review of the 8/2020 speech assessment revealed client #1 is non-verbal and recommendations included the need to accompany verbal information with gestures and/or visuals such as pictures.

Interview with the qualified intellectual disabilities professional (QIDP) on 10/28/20 verified client #1's training objective relative to dispose of trash bag remains current. Further interview with the QIDP verified client #1 should have a visual aid to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G067	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COVE GROUP HOME	28 HILLPARK DRIVE HENDERSONVILLE, NC 28739

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 4	W 249		

support verbal prompts from staff. Additional interview with the QIDP verified client #1 should have a visual cue to support the client's dispose of trash bag objective considering the length of time since the program implementation date of 8/2019.

B. The team failed to ensure program guidelines and objectives relative to ambulation and behavior management were implemented in sufficient frequency to support the need of client #4. The findings are:

1. The team failed to implement in sufficient frequency the ambulation guidelines for client #4. For example:

Observations in the group home on 10/27/20 and 10/28/20 revealed client #4 to ambulate from his room at various times to participate in meals, wash his hands in the kitchen and to participate in medication administration by walking to the medication room. Continued observation of client #4's ambulation revealed staff to inconsistently walk with client #4 when ambulating. Subsequent observation revealed at no time during survey observations on 10/27/20 or 10/28/28 was client #4 observed to wear a harness during ambulation.

Review of records for client #4 on 10/28/20 revealed physician orders dated 9/18/20. Review of the 9/2020 physician orders for client #4 revealed adaptive equipment to include a harness with ambulating. Continued review of client #4's record revealed a physical therapy (PT) evaluation dated 12/20/19. Review of the 12/2019 PT evaluation revealed recommendations of: Continue harness and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G067	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COVE GROUP HOME	28 HILLPARK DRIVE HENDERSONVILLE, NC 28739

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 5 contact guard assistance for transfers and ambulation to ensure client #4's safety. Interview with the facility QIDP on 10/28/20 revealed client #4's PT evaluation dated 12/2019 remains current and client #4 should have a harness on when ambulating to support safety. Continued interview with the QIDP verified the harness for client #4 had been furnished and should have been used in the group home. 2. The team failed to implement as prescribed the behavior support program (BSP) for client #4. For example: Observation in the group home on 10/27/20 revealed an alarm device on the front door of the group home. Continued observation revealed a door alarm to be heard in the group home when the back side door was used. Further observation revealed the front door alarm to not work when this surveyor ended observations and prepared to leave the group home. Additional observation of the alarm device on the front door of the group home revealed a note taped to the door to read "Do not remove batteries". Review of records on 10/28/20 for client #4 revealed a PCP dated 5/15/20. Review of the PCP for client #4 revealed a BSP with identified target behaviors of un-cooperative, pushing/shoving others or objects and wandering (AWOL). Continued review of the BSP relative to intervention strategies for AWOL behavior revealed: to assist with monitoring client #4, an alarm is placed on house exit doors. Staff should always be conscientious of alarms and respond accordingly; Check alarms at least once per shift and report malfunctioning alarms immediately.	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G067	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COVE GROUP HOME	28 HILLPARK DRIVE HENDERSONVILLE, NC 28739

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	Continued From page 6 Interview with staff on 10/27/20 revealed the front door alarm of the group home should be working and with staff inspection, the alarm was turned on. Continued interview with staff verified someone had turned off the alarm on the front door and the alarm should always be on. Further interview revealed the alarm was used to monitor client #4 due to AWOL behaviors. Interview with the facility QIDP on 10/28/20 verified the alarm on the front door of the group home should be working at all times. Continued interview with the QIDP revealed she was unaware of any problems with staff removing batteries from door alarms.	W 249		
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure adaptive equipment was clean for 1 of 4 sampled clients (#3) . The finding is: Observation in the group home on 10/27/20 revealed client #3 to utilize a rolling walker during ambulation throughout survey observations. Continued observation of client #3's walker revealed the seat cushion of the walker to have	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G067	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COVE GROUP HOME	28 HILLPARK DRIVE HENDERSONVILLE, NC 28739

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 436	Continued From page 7	W 436		

dried spillage or residue on the cover. Further observation at 5:20 PM revealed client #3 to clear his place setting at the dinner table after the dinner meal. Client #3 was subsequently observed to place his dishes from the dinner meal on the seat of the rolling walker and to take his dishes to the kitchen. Observation of client #3's walker after taking dishes to the kitchen revealed the seat cover to have additional food residue from the dinner dishes.

Observation in the group home on 10/28/20 at 7:00 AM revealed the rolling walker of client #3 to have dried food residue from observations on 10/27/20. Observation at 8:35 AM revealed client #3 to take his dishes from the breakfast meal to the kitchen using the seat of the rolling walker. Subsequent observation revealed additional food residue to remain on client #3's walker after the client placed his dishes in the kitchen sink.

Interview with the qualified intellectual disabilities professional (QIDP) on 10/28/20 verified client #3 utilizes his walker to carry items from various locations when ambulating. Continued interview with the QIDP verified client #3's walker should be clean and staff should clean the seat cover of the client's walker after the client takes dishes to the kitchen to prevent spillage or residue from accumulating on the seat cover.